

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7129

Registration District No. 120

Primary Registration District No. 41984199

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town McFall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community Entire Life
years, months or days

3. (a) PRINT FULL NAME Obedih Adcock

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 7
(b) Name of husband or wife Nancie C. Adcock 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Aug 18, 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name James Henry Adcock
13. Birthplace Henry Co Ky (City, town, or county) (State or foreign country)
14. Maiden name Racheal Persinger
15. Birthplace Virg (City, town, or county) (State or foreign country)

16. (a) Informant Nancie C. Adcock
(b) Address m. to all via

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-44
(Month) (Day) (Year)

(c) Place: burial or cremation McFall Mo.

18. (a) Signature of funeral director J. L. Brown

(b) Address Pattonsburg Mo.

19. (a) 2/23/1944 (b) Homer T. Mott (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry
(c) City or town McFall (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1944 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec. 3, 1943, to Jan 31, 1944
that I last saw him alive on Jan 29, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cancer of sigmoid

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature John J. Barker (M. D. or other)
Address Pattonsburg Mo Date signed 2-3-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Car Robert

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.